MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05819

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (Rural); LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City Rural
STREET ADDRESS (If rural, give location) Grays

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) A (Last) Cavey
4. DATE OF DEATH: (Month) (Day) (Year) 6-17-49

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 8-22-1856
9. AGE last birthday: 92 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Grays Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cornelius Cavey
14. MOTHER'S MAIDEN NAME: Alice Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Mrs. J. B. Lilly, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease — 5 yrs.

Antecedent cause(s)

422.1 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 49, to 6-17, 19 49, that I last saw the deceased alive on 6-17, 19 49, and that death occurred at 4 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

George E. Burgtorf MD Ellicott City, Md. 6-20-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 6-20-49
NAME OF CEMETERY OR CREMATORY: St. Johns
LOCATION (City, town, or county) (State): Ellicott City Md

DATE REC'D BY LOCAL REG.: June 20 49
REGISTRAR'S SIGNATURE: John B. Loughran, Dep. R. E. L.
24. FUNERAL DIRECTOR ADDRESS: F. C. Higinbothom, Ellicott City, Md.

RECEIVED
JUN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05820 71

Reg. Dist. No. 71

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge — LENGTH OF STAY (in this place) Life — HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Howard — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge, Rte — STREET ADDRESS (If rural give location) Montgomery Rd

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Agnes (Last) Dwan

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 5/27/1874

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Howard Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Dwan

14. MOTHER'S MAIDEN NAME: Mary Kyne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Miss Martha Dwan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chr Myocarditis	1 yr
Antecedent cause(s)	(b) & Myocardial Insuff	2 mo
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) & Hemorrhagic Pulmonary Edema	10 da
	& Hypertension	10 yrs

443 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948 to June 17, 1949 that I last saw the deceased alive on June 16 1949 and that death occurred at 3:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr B B Brumbaugh — ADDRESS 6099 Dwan Elkridge — DATE SIGNED 27 Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 6/20/49 — NAME OF CEMETERY OR CREMATORY St Augustines Cem. — LOCATION (City, town, or county) (State) Elkridge Md.

DATE REC'D BY LOCAL REG. June 18th 1949 — REGISTRAR'S SIGNATURE A W Redig R.M. — 24. FUNERAL DIRECTOR John J Cowan & Son — ADDRESS 9 & Hollins St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05821

CERTIFICATE OF DEATH

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) August (Last) Eberhardt

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 19, 1875

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Operator

10b. KIND OF BUSINESS OR INDUSTRY: Retired 1929

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: August Eberhardt

14. MOTHER'S MAIDEN NAME: Vera ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Hermine Eberhardt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 mo.

420.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocarditis — 2 yrs.

(c) Arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1949, to June 1, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 12 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J M Warren MD ADDRESS: Laurel Md DATE SIGNED: 6/1/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 3, 1949 — NAME OF CEMETERY OR CREMATORY: Savage Cemetery — LOCATION (City, town, or county) (State): Savage, (Howard Co) Md.

DATE REC'D BY LOCAL REG. 6/1/49 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: J. Arthur Walters, ADDRESS: 505 Wash. Blvd. Laurel, Md.

RECEIVED
JUN 3 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05822

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Balto. Howard

City or town Harwood PK - Elkridge -
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Balto. City
(If outside city or town limits, write RURAL and give nearest town)

Street No. 154 S. Collins Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ida - B - Hartung

3. (b) Social Security Number

4. Sex Female FEMALE

5. Color or race White

6.(a) Single, married, widowed, or divorced Married

8.(b) Name of husband or wife George Hartung

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 27-1883

8. AGE: Years 66 | Months 5 | Days 3 | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business At Home

FATHER
12. Name Wm. H. Stewart
13. Birthplace Md.

MOTHER
14. Maiden name Elizabeth Shanklin
15. Birthplace Md.

16. Informant George Hartung

Address 154 - S. Collins Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jul. 5-49 (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Baltimore Md.

18. Funeral director F. B. Nippert & Son

Address 1300 Eutaw Place 17.

19. 3/5 1949 (Date rec'd by registrar) R.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1949 at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 27 1939 to June 30 1949 and that I last saw her alive on June 30 1949

Immediate cause of death Coronary Occlusion — DURATION 1 day

Due to Cardio-Vascular Disease & Marked Hypertension — 10 years

Due to

Other conditions Uremia Chronic — 3 Months

420.1 Bd

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eliot Johnson MD M. D. or other

Address 2432 Fredrick Ave Date signed 7/2/49

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05823

Reg. Dist. No. 1-9-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clarence Lee (Middle) ~~Leichliter~~ (Last) Lichliter

4. DATE OF DEATH: (Month) 6-5-49 (Day) (Year) 19

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 9-12-1914 | 9. AGE last birthday: 34 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert C. ~~Leichliter~~ Lichliter | 14. MOTHER'S MAIDEN NAME: Laura Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): WW 2 | 16. SOCIAL SECURITY NO.: ? | 17. INFORMANT: ~~Leichliter~~ Lichliter Ruth T. ~~Leichliter~~, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute myocarditis — 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute alcoholism — Intermittently 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy — ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Alpha N. Herbert M.D. ADDRESS Ellicott City Md DATE SIGNED 6-5-49

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-8-49 | NAME OF CEMETERY OR CREMATORY: Taylor Family | LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: June 6, 1949 | REGISTRAR'S SIGNATURE: John B. Loughran Jr. B.E.L. | 24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

VS. A15A

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05824

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BESSIE (Middle) MAE (Last) MOORE

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1-13-1887

9. AGE last birthday: 62 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan C. Franklin

14. MOTHER'S MAIDEN NAME: Olevia B. Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Walter C. Moore, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemmorhage	2 da
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension and Myocarditis	5 yrs
442 / 131	(c) Cardio-vascular Renal desease	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1949, to 6/25/49, 19....., that I last saw the deceased alive on 6/24/49, 19....., and that death occurred at 5:40 A. m., from the causes and on the date stated above.

SIGNATURE J. Stanley Grabill (Degree or title) M.D ADDRESS Mt Airy, Md DATE SIGNED 6/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE 6-28-1949 | NAME OF CEMETERY OR CREMATORY: Morgan Chapel | LOCATION (City, town, or county) Woodbine, (State) Md.

DATE REC'D BY LOCAL REG. 6/28/49 | REGISTRAR'S SIGNATURE E. Pearl Mercer

24. FUNERAL DIRECTOR: C. M. Waltz, ADDRESS Winfield, Md.

RECEIVED
JUN 29 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05825

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessups (Rural) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Guilford

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessups (Rural)
STREET ADDRESS (If rural, give location): Guilford

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Granville Reynolds

4. DATE OF DEATH (Month) (Day) (Year): JUNE 25 1949

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 1884
9. AGE last birthday: 65 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Simpsonville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Reynolds
14. MOTHER'S MAIDEN NAME: Sarah Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Morris Reynolds, Ellicott City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 4 hours

331 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1949, to June 25, 1949, that I last saw the deceased alive on June 14, 1949, and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE: John A Stephens — (Degree or title): M.D. — ADDRESS: Laurel, Maryland — DATE SIGNED: June 25, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-28-49 — NAME OF CEMETERY OR CREMATORY: Locust Chapel — LOCATION (City, town, or county) (State): Atholton, Md.

DATE REC'D BY LOCAL REG.: 6/28/49 — REGISTRAR'S SIGNATURE: Shank Shipley

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbotham, Ellicott City, Md.

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05826

CERTIFICATE OF DEATH

Reg. Dist. No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville | LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) N. (Last) Schaefer

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 1, 1935

9. AGE last birthday: 14 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore H. Schaefer

14. MOTHER'S MAIDEN NAME: Sylvia L. Goeppner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mr. Theodore H. Schaefer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) myocardial insufficiency	1 month
431 93a	(c) acute myocarditis - etiology unknown	2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1947, to June 22 1949, that I last saw the deceased alive on June 21, 1949, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles S. Whitaker	M.D.	Clarksville, Md.	6-22-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	6/24/49	Loudon Park	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-22-49	Marie A. Whitaker	Wm. J. Devaney Sons	1 North & Ha. Aves

RECEIVED
JUN 24 1949
BUREAU V. S.

05827

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) New Cut Road

3. NAME OF DECEASED (Type or Print) (First) Magnolia (Middle) Thomas (Last)

4. DATE OF DEATH (Month) 6-5-49 (Day) (Year) 19

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 1889
9. AGE last birthday 60 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Joseph Thomas, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	1 day
422.1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Failure	1 year
93d	(c) Arteriosclerotic Cardio-Vascular Disease	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 1947, to 5 June, 1949, that I last saw the deceased alive on 4 June, 1949, and that death occurred at 1 30 P. m., from the causes and on the date stated above.

SIGNATURE William F. Tassaway M.D. (Degree or title) ADDRESS Ellicott City DATE SIGNED 6/5/49 Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-8-49
NAME OF CEMETERY OR CREMATORY Western Star
LOCATION (City, town, or county) Catonsville, Md (State)

DATE REC'D BY LOCAL REG. June 6, 1949
REGISTRAR'S SIGNATURE John B. Loughran Per B. E. L.
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 10 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05828

Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Glenwood
LENGTH OF STAY (in this place) 65 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 97

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS (If rural, give location) Wilderness Farm

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Joshua N. Warfield
4. DATE OF DEATH (Month) (Day) (Year) June 3 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2/28/1884
9. AGE last birthday 65 yrs. If under 1 year Months 3 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joshua N. Warfield
14. MOTHER'S MAIDEN NAME Lucy H. Hutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Mary N. Warfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death 1 hr

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease — 5 yrs

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Alpha N Herbert M D ADDRESS Ellicott City Md DATE SIGNED 6-4-49

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/6/49
NAME OF CEMETERY OR CREMATORY Warfield Family
LOCATION (City, town, or county) (State) Near Florence, Md.

DATE REC'D BY LOCAL REG. 6-6-49
REGISTRAR'S SIGNATURE C. Pearl Merrill
24. FUNERAL DIRECTOR Ellicott City, Md. ADDRESS Easton Sons

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 18 1949
BUREAU V. S.